



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>93870</b>		2. Exact name of the Corporation <b>Breakthrough Academy for Research and Training Inc.</b>			
3. Principal Office Address <b>c/o G Fater, 55 Memorial Blvd</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>	6. Brief description of the character of business conducted in Rhode Island <b>to operate a facility to train, teach &amp; instruct adult individuals in business corporations concerning motivation research and training.</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bartholomew J. Sayle</b>			Vice-President Name <b>Deborah Whiteway</b>		
Street Address <b>33 Catherine St</b>			Street Address <b>33 Catherine St</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Bartholomew J. Sayle</b>			Treasurer Name <b>Bartholomew J. Sayle</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>100</b>		CLASS/SERIES <b>common</b>	PAR VALUE <b>\$1.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Bartholomew J. Sayle</b>					
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

JAN 23 2017